

HTE03-5-8467-3

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) HORIZON CONSTRUCTION & INSPECTION New Installation Septic Tank
Property Location: SR# 1120 OVERHILLS RD Repairs Nitrification Line
OVERHILLS BAPTIST CHURCH

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 170 MEMBER CHURCH Lot Size: 8.16 AC

Basement with Plumbing: (NO KITCHEN) Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other PUMP TO CONVENTIONAL W/ MAN-A-TEE DISTRIBUTION

Size of tank: Septic Tank: 1500 gallons Pump Tank: 1500 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 115 ft. ditches 3 ft. ditches 20 in.

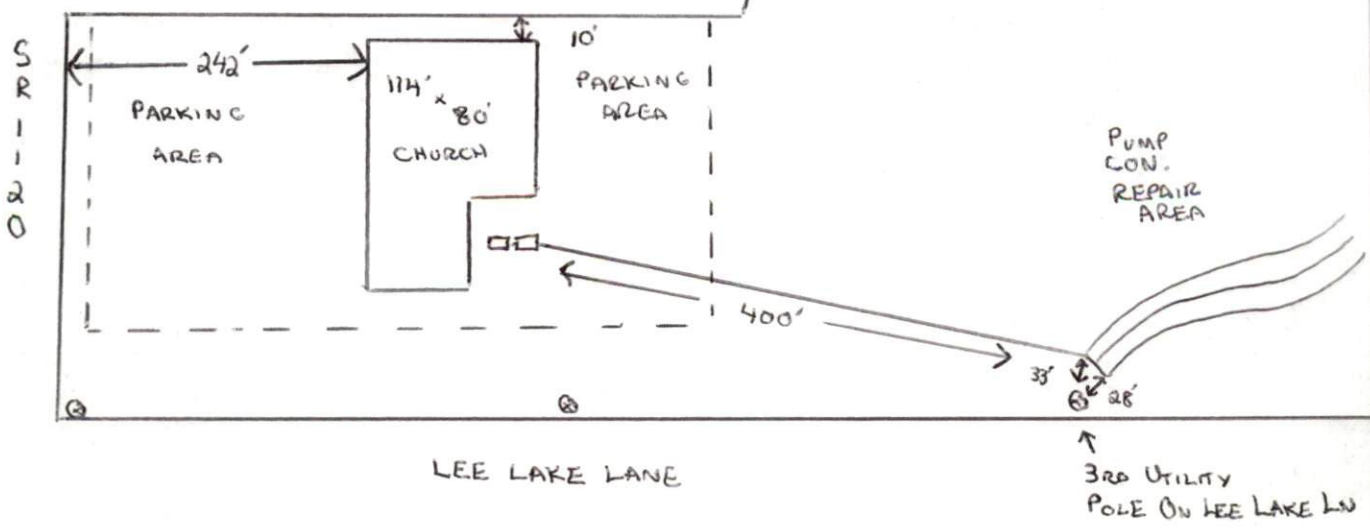
French Drain Required: _____ Linear feet

Date: 4/30/04

Signed: [Signature] Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.

- * MAINTAIN ALL SETBACKS
- * PUMP SPECS 23 gal @ 15 TDH
- * MAN-A-TEE SPECS
 - 3 1/2" SCH 40 VALVES
 - 3" SUPPLY LINE
 - 400' LONG
 - 2' PRESSURE HEAD
- * 148 gallons/dose
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20802. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. ***This authorization will be invalid if ownership, site plans, or intended use change.***

HORIZON CONST. & INSP. 919-557-1389
Name Telephone #

5317 SHADOW VALLEY RD HOLLY SPRINGS NC 27540
Address

1120 OVERHILLS RD
Property Location SR# Road Name

170 MEMBER CHURCH (NO KITCHEN) 8.16 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO CONVENTIONAL w/ MAN-A-TEE DISTRIBUTION
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 106 Ft.

Septic Tank 1500 gal Pump Chamber 1500 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 115 Ft.

Width of ditches 3 ft. Depth of ditches 20 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

[Signature] RS 4/30/04
Signature of Authorized Agent for Harnett County Date